



## Group Fitness at The Center of Clayton

All registrants must complete and return this form to the Welcome or Fitness Desk. A fitness instructor will be in contact with you within 48 hours of your purchase. Payment is required prior to booking your sessions.

Please select the option(s) of interest to you:

### Private Pilates

☐ 1 session

Member \$65

Non-Member \$70

☐ 5 sessions

Member \$300

Non-Member \$325



Participant Name \_\_\_\_\_ Age \_\_\_\_\_

Name of Purchaser (if different) \_\_\_\_\_

New Client Yes or No (If no, which instructor have you worked with? \_\_\_\_\_)

NEW CLIENTS ONLY, please complete this section by providing the information requested below.

Address \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Male/Female Preference \_\_\_\_\_ Instructor requested (if known) \_\_\_\_\_

Preferred days/times of training \_\_\_\_\_

Previous fitness experience: \_\_\_\_\_

Current goals \_\_\_\_\_

ALL CLIENTS: Please read and sign below.

#### Cancellation Policy

Scheduled sessions must be cancelled at least 24 hours in advance. Sessions cancelled with 24 hours advance notice will be rescheduled based on instructor availability. Sessions cancelled for any reason without 24 hours notice will be charged. Training for two partners must train and redeem a rescheduled date together. All packages are valid for 6 months from date of purchase. Refunds issued only in cases of medical illness or injury and when accompanied by a physician's statement. To reschedule an appointment, you may contact the Center of Clayton Fitness Desk at 314.290.8524 or leave a message on the personal training voicemail 314.290.8522.

Initial \_\_\_\_\_

#### Waiver of Liability

My family and I hereby waive and release the City of Clayton, the Center of Clayton and the School District of Clayton and its representatives from claims and damages and/or injuries incurred while participating in or as a spectator at a sponsored activity. I also agree, as a participant or parent of a minor participant, to grant full permission to the City of Clayton to use my name, photograph, videotape, or recordings for any publicity promotion purposes without obligation or liability to me or my family.

I have read, understand and agree to the policies stated above and hereby validate this registration by signing below.

For additional information, inquire at the Fitness Desk or contact Christi Gleason: Phone: 314-292-8511 Email: [cgleason@ci.clayton.mo.us](mailto:cgleason@ci.clayton.mo.us)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please visit our website at [www.centerofclayton.com](http://www.centerofclayton.com)  
for more information about group fitness services.

Key: Single = S

 $(1/3, 2/10)$ 

\* Highlight cancelled sessions that were charged.



Trainer: \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date	Sess #	Rental#
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Date	Sess #	#
11/11/2018	1	1
11/11/2018	2	2
11/11/2018	3	3
11/11/2018	4	4
11/11/2018	5	5
11/11/2018	6	6
11/11/2018	7	7
11/11/2018	8	8
11/11/2018	9	9
11/11/2018	10	10
11/11/2018	11	11
11/11/2018	12	12
11/11/2018	13	13
11/11/2018	14	14
11/11/2018	15	15
11/11/2018	16	16
11/11/2018	17	17
11/11/2018	18	18
11/11/2018	19	19
11/11/2018	20	20
11/11/2018	21	21
11/11/2018	22	22
11/11/2018	23	23
11/11/2018	24	24
11/11/2018	25	25
11/11/2018	26	26
11/11/2018	27	27
11/11/2018	28	28
11/11/2018	29	29
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11/11/2018	32	32
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11/11/2018	34	34
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11/11/2018	39	39
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11/11/2018	92	92
11/11/2018	93	93
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11/11/2018	99	99
11/11/2018	100	100

Date	Sess #	Rental #
11/1/2018	1	1
11/1/2018	2	2
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11/1/2018	98	98
11/1/2018	99	99
11/1/2018	100	100